

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of DeLa
 District of _____
 Town of _____
 or _____
 City of Miami

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
 County Registrar No. _____
 Local Registrar No. 504
 St. _____ Ward _____

2. Full name of child Baby Gonzalez
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes
 5. No., in order of birth. _____ 7. Date of birth Feb 25, 1926
 Month Day Year

8. FATHER
 Full name Trinidad Gonzalez

14. MOTHER
 Full maiden name Refugia Regolado

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 45 (Years)

16. Color or race Mexican
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) El Paso, Texas
 (State or country)

13. Occupation Laborer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 10
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 3
 (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 a.m. on the date above stated.
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Drwin, M.D.
 (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year _____ Filed Feb 25, 1926 P. E. Drwin Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

079-225-996